

"Health insurance reform means stable coverage that can't be taken away. If your spouse is laid off or changes jobs you won't lose your coverage. If you or your family or co-worker gets sick, you won't pay more or lose your coverage. With health insurance reform, no one is able to get between you and your doctor. It will keep government out of health care decisions, allowing you to keep the coverage you have today if you want it."

- Congressman Russ Carnahan

America faces many serious challenges, but the rising cost of health care represents one of the greatest economic threats to individuals and families, businesses large and small, and our nation's long-term fiscal stability.

The time to address this problem is now. We need a uniquely American solution to build on what works and fix what's broken.

The Affordable Health Care for America Act, the major health insurance reform legislation that passed the House, will give Americans peace of mind that they can keep the care they like and never be denied the care they need. It will:

- Put doctors and patients back in charge
- Lower costs
- Offer more choices

- Improve the quality of health care.

In Missouri's 3rd Congressional District, this legislation will mean:

- **Up to 13,900 small businesses would receive tax credits to provide coverage to their employees;**
- **Help for 10,500 seniors to pay for their prescription drugs by closing the Medicare donut hole;**
- **Doctors and other health care providers would receive payment for \$540 million in uncompensated care each year; and**
- **33,000 uninsured individuals would gain access to high-quality, affordable**

health insurance.

- **Protect up to 1,600 families from medical bankruptcy**

Health insurance reform is about improving care and lowering costs for everyone

, whether you have insurance or not.

This legislation stops insurance companies from denying coverage to people with pre-existing conditions, and makes it easier for small businesses to afford health insurance for themselves and their employees.

The bill passed by the House is long and complicated, so it's no surprise that many myths have circulated about what's in the

bills.

Here are the facts.

MYTH: "A Government 'Death Panel' would make end of life decisions for you."

FACT:

- There is no such thing as death panels.
- The bill does empower older Americans to be able to have a conversation with their doctor about their values and preferences regarding end-of-life care.

- This is not mandatory; this benefit is completely voluntary. The provision merely provides coverage under Medicare to have a conversation with your doctor, if - and only if - you want to make your wishes known to your doctor.

- No proposal would give the government the power to make any life-and-death decisions. As is now the case, these decisions will be made by individuals, their doctors, and their families.

MYTH: "The public option would eliminate all private insurers and millions of Americans would be thrown off of their employer plans."

FACT:

- If you like your insurance and your doctor, you can keep both. No one will be forced to accept the public option.

- The only way someone would be in the public plan is the person's own individual choice

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- In fact, an analysis by the Congressional Budget Office shows that the House health insurance reform bill would increase the number of people with *private*

health insurance through their employers

. The vast majority of Americans will continue to be covered by private insurance companies.

MYTH: "Proposed reform would cover illegal immigrants."

FACT:

- Taxpayers will not fund health care for undocumented workers. In fact, the House legislation explicitly prohibits anyone not lawfully in the U.S. from receiving any federal dollars to get health insurance:

MYTH: "Members of Congress refuse to participate in this new health insurance plan and have made themselves exempt."

FACT:

- The Federal Employee Health Benefits Plan - which covers Members of Congress as well as 8 million federal workers -- would be subject to legislated regulations just like any other employer-based health insurance.

- Congressman Carnahan has been asked several times whether he would use the health insurance plan being proposed, and he has unequivocally stated yes, he would be happy to sign himself and his family up.

MYTH: "Health insurance reform would result in the government rationing health care."

FACT:

- Doctors, nurses and patients should be the only people making medical decisions, not insurance companies or the government. This legislation will put health care decisions back in the hands of doctors and patients.

- This bill will **prevent** the rationing that currently takes place at the hands of private insurance companies.

- At a Congressional hearing, three insurance companies testified - without apology - that they had dropped coverage for nearly 20,000 sick patients between 2003 and 2007 because the companies did not want to pay for the patients' expensive treatment for cancer or other diseases.

- The House proposal will expand and improve the availability of quality health care for all Americans, not ration it.

- In fact, the bill **explicitly prohibits** the Center for Comparative Effectiveness Research and the Comparative Effectiveness Research Commission from **using this research to define, limit, or mandate treatment or services.**

MYTH: "The proposal would hurt small businesses."

FACT:

- Small businesses are disproportionately feeling the strain of the rising cost of health care:

- 26 million of the nearly 46 million uninsured Americans are small business owners, employees or their dependents.

- Small businesses currently pay up to 18 percent more in health insurance premiums for the same benefits than larger firms.

- Health Insurance Reform will fix this problem, and level the playing field for small businesses.

- The House health reform bill would create a health insurance market, called an exchange, where small businesses could buy coverage at rates similar to those that large employers enjoy, saving small businesses money.

- The House bill would provide a tax credit of up to 50 percent of the costs of providing health insurance to their

employees for small businesses with 25 or fewer employees and average wages of less than \$40,000.

-Most small businesses (with payrolls \$500,000 or below) are exempt from the requirement to provide health insurance to their workers.

- Nearly 98.8 percent of small business owners would not see any increase in taxes.

- Under the house bill, only the wealthiest 1.2 percent of all small business owners would pay the surcharge. Half of these "small business owners" paying the surcharge earn less than one-third of their income from small businesses

MYTH: "This proposal would make cuts in Medicare."

FACT:

- NONE of the cost savings proposed in the legislation would reduce Medicare benefits.
- By addressing the problem of overpayment to private Medicare Advantage plans, we can save about \$156 billion over ten years and **use that cost savings to instead provide seniors with better care, including:**
 - An end to the "donut hole" for prescription drug coverage, which can cut your prescription drug costs in half or more.
 - Free preventive care so you spend less out-of-pocket on co-pays and catch illnesses before they become serious.
 - More time with primary care doctors who know you well, ensure you're on the right medications and get you the tests and specialty care you need.
 - Peace of mind that doctors will continue to care for Medicare patients because of better payments for quality care

and an end to drastic cuts in fees to providers.

- Special help in rural areas so you get the best coverage even if you live in remote areas.

- That's why the AARP sent out a statement correcting some of the myths that the opponents of this bill have put out saying "... we are pleased nothing in the bills that have been proposed would bring about the scenarios the RNC is concerned about ...That's why we're supporting provisions in the health care bill that would improve Medicare benefits ..."

MYTH: "Health Insurance Reform is too expensive - we just can't do it without increasing the deficit or raising taxes on

middle class families."

FACT:

Health reform will not increase the deficit. According to the non-partisan Congressional Budget Office (CBO), the Affordable Health Care for America Act will reduce the deficit by \$30 billion over the next decade. It will reduce the deficit by even more after that.

- There have been a lot of myths out there about how we pay for these insurance reforms. Here are the facts :

- 99.7% of American households would see NO tax increase - but enjoy all the benefits of reform.

- Half the costs of reform can be paid for by extracting cost savings from the health system and the other half by a health surcharge on the wealthiest Americans. This surcharge would have no impact on 99.7% of households and 98.8% of all small business owners in the United States.

- We can also reap enormous savings by making the system more efficient with the use of electronic medical records, allowing doctors to better communicate with one another when treating patients

- **We cannot reduce the deficit without getting health care costs under control.** We cannot afford the escalating costs of our broken health care system that will continue if we don't do something now. This legislation will lower health care costs over the long-term, and if we direct those savings to deficit reduction, we will see big payoffs

- The rising cost of health care represents one of the greatest economic threats to individuals and families, businesses large and small, and our nation's long-term fiscal stability

- Premiums doubled in 9 years, growing 3 times faster than wages.

- On average, Missouri families pay \$12, 900/year in health care costs.

- Skyrocketing health care costs are the #1 reason for personal bankruptcies in this country

- * 80 percent of those who filed for bankruptcy had health insurance.

- * 1,630 health care-related bankruptcies in Missouri's 3rd Congressional District in 2008.

- * This legislation will solve this problem by eliminating limits on the lifetime payments that insurance plans can make for chronic or catastrophic illnesses

- - Soaring costs place American businesses at a disadvantage in the global economy.

MYTH: "This bill will use taxpayer dollars to pay for abortions"

FACT:

- The House bill continues current policy by clearly stating that no federal funds can be used to pay for abortions except in the case of rape, incest or the life of the woman.

- That is why the independent Pulitzer prize-winning **Politifact** called this myth "False" and wrote, "we don't see anything in the [House] plans that would require taxpayers to foot the bill for that ... In fact, in a key version of the bill - the one passed by the House Energy and Commerce Committee - **members went to great pains to include an amendment to ensure that federal money is not used for abortion coverage** ... we don't see anything to support [the] claim that taxpayers would subsidize abortions..."

MYTH: "You will be sent to jail if you refuse to purchase health insurance."

FACT

- The legislation includes an "individual mandate" requiring everyone to carry a health insurance policy. This is included to prevent people from gaming the system because if you get sick now and go to the emergency room, everyone else has to pay. If you do not purchase health insurance, you will have to pay a fine of up to \$750 a year to cover the cost of your care if you get sick.

- This legislation includes assistance to help low and moderate-income Americans afford health insurance. In addition, there are hardship provisions to exempt some people from the individual mandate.

- People who refuse to pay the fine could theoretically face a trial and jail time, but this is no different than someone going to jail for refusing to pay their income taxes.

MYTH: "Congress has no authority to regulate health care insurance."

FACT:

- Medicare and Medicaid are just two examples of federal programs that have long been accepted as Constitutionally sound.

- The "General Welfare" clause and the "Commerce Clause" justify Congressional involvement in the health care market.

MYTH: "TRICARE will be harmed under this legislation."

FACT:

- Nothing in this legislation would harm the benefits

currently available through TRICARE to service-members and their families.

- TRICARE, just like other private and public health insurance programs, faces the challenge of rising costs over the long term. H.R. 3962 will benefit all insurance programs by beginning the work of controlling costs.

- The success and popularity of TRICARE demonstrates that government-run health insurance plans, like the proposed public option, can be successful.